



ENVIRONMENTAL HEALTH DIVISION

Plan Review Application for Mobile Food Units and Pushcarts

- ☐ **Mobile Food Unit** –A fully enclosed vehicle-mounted mobile kitchen designed to be readily moved. This unit requires mechanical refrigeration for potentially hazardous foods.
- ☐ **Pushcart** –Serves **only** hot dogs and pre-packaged drinks and snacks, designed to be maneuvered by one person. No food preparation on cart.

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Phone 2: _____

E-mail Address: _____

Name of Proposed Unit: _____

Business Name for Permit (LLC, Inc, etc) _____

Vehicle type: _____ VIN# _____ NC license _____

Plan Review Submittal Checklist:

The following items must be included with this application.

Incomplete applications will delay the review and processing.

- ☐ Completed Application and Durham County commissary agreement.
- ☐ A **\$75** plan review application fee.
- ☐ Plans of the unit drawn to scale (1/4" = 1 foot; 1 inch = 4 feet), including: equipment locations, a plan and profile view, plumbing schematic (plumbing lines, water heater, potable water tank, water pump, sewer vent, wastewater holding tank, etc). A plumbing schematic is not required for a pushcart.
- ☐ Manufacturer's specification sheets for all proposed food service equipment
- ☐ Signed and dated menu (including all food, drinks and condiments)
- ☐ List of proposed locations and times of operation.
- ☐ Any menu or equipment changes after the date of this application must be submitted in writing for review and approval by this office.



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I. Description of Construction Materials:

For Pushcart Only:

Pushcart body (If prefabricated unit, provide make, model number, and specifications):

Location and description of protected storage location for pushcart when not in use

For Mobile Food Unit Only:

Floors: _____ Walls: _____

Ceilings: _____ Countertops: _____

Light Shields: _____

II. List all food service equipment and attach manufacturers' specification sheets: (List for push cart where applicable)

1. Cooking equipment (fryers, grills, etc):

- a. _____
- b. _____
- c. _____

2. Cooling equipment (refrigerators, freezers, etc):

- a. _____
- b. _____
- c. _____

3. Hot Holding equipment (steam tables, hot lamps, etc):

- a. _____
- b. _____
- c. _____

4. Utility sink (List for push cart where applicable):

Size of vat (Length x Width x Depth) _____ X _____ X _____ inches

Size of drain boards (Length x Width) _____ X _____ inches

5. Hand sink (List for push cart where applicable):

Size of vat (Length x Width x Depth) _____ X _____ X _____ inches



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Food service equipment and manufacturers' specification sheets continued:

III. Wastewater and potable water equipment

(List for push cart where applicable)

1. Permanently mounted wastewater holding tank

Size (Length x Width x Depth): _____X _____X _____ inches

Capacity _____ (gallons), Construction material: _____

2. Potable water holding tank

Size (Length x Width x Depth): _____X _____X _____ inches

Capacity _____ (gallons), Construction material: _____

3. Type of sewer vent:

☐ Vents to exterior (vent protected from rain/vermin)

OR

☐ Vents to interior by an air admittance valve

4. Attach manufacturer's specification sheet for water pump

5. Water heater specifications: Size _____ Gal. GAS (btu) _____ Electric (kw) _____

Acknowledgements:

I understand and certify that the information provided within this application is accurate.

- Any deviation or variance from the information contained in this application may void the operation permit for the unit,
- Multiple inspections of the unit prior to permitting may be required,
- If the unit is not in compliance with Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600, the operation permit will not be issued or may be revoked, and
- Approval of these plans and issuance of a permit does not relieve me of the obligation to comply with all other applicable code, law, or regulation imposed by other jurisdictions.
- A completed operational schedule will be submitted to the Department each month.

Signature: _____ **Date:** _____

Print Name: _____ **Date:** _____

Received by: _____ **Date:** _____



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MOBILE FOOD UNIT / PUSH CART COMMISSARY AGREEMENT

Title 15A North Carolina Administrative Code 18A .2600 "Rules Governing the Sanitation of Food Service Establishments" specifies in section .2670 (d) that:

Pushcarts and mobile food units shall operate in conjunction with a permitted restaurant and shall report at least daily to the restaurant for supplies, cleaning, and servicing.

To be completed by the mobile food unit / pushcart operator:

Check one: ☐ Mobile Food Unit ☐ Pushcart

Name of Mobile Food Unit or Pushcart: _____

Operator Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

Completed by the permittee or owner of the restaurant located in Durham County:

As the permittee or operator of the restaurant facility noted below, I agree to serve as a commissary for the Mobile Food Unit or Push Cart named above. I understand that as a commissary for the Mobile Food Unit or Push Cart, I must allow access for the Mobile Food Unit or Push Cart to return for servicing on a daily basis.

I will provide the following:

- ☐ I will provide a designated protected area for food and utensil storage, including refrigeration / freezer and dry storage area.
- ☐ I will label the designated storage spaces for the unit's exclusive use.
- ☐ I will provide use of the utensil sink to wash utensils used on the unit.
- ☐ I will provide an exterior wastewater collection system for disposal of wastewater.
- ☐ I will provide a protected connection to the potable water supply.
- ☐ I will provide a protected connection to the potable water supply.
- ☐ I will provide commissary access for the MFU/PC necessary to maintain rule compliance.

Name of Restaurant Serving as Commissary: _____

Restaurant Address: _____

Restaurant Phone Number: _____ Email: _____

Printed Name of Restaurant Owner: _____

Signature of Restaurant Owner / Permittee _____

_____ Date



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Mobile Unit / Pushcart Operating Schedule

Provide an updated operational listing to the County Health Department once each month.

Fax 919-560-7830 or email: HealthInspector@dconc.gov

Submittal Date _____

Mobile Food Unit Name _____
Vehicle License Number _____
Operator Name: _____
Operator Email: _____
Home Address: _____
Contact phone: _____
Commissary Name: _____

☐ I plan on operating at one location

Operating Location/Address	Approximate Times

☐ I plan on operating at multiple locations or on a route.

List all locations where you plan to operate. If operating on a fixed route or in multiple locations indicate the approximate time (and dates, if applicable) you will operate at each location.

Operating Location/Address	Approximate Times

Operator Printed Name: _____

Operator Signature: _____

HD received date _____ Initials _____